

# Fee-for-Service – Submitting *CMS-1500* Professional Claims

Indiana Health Coverage Programs  
DXC Technology  
Annual Provider Seminar – October 2019



# Agenda

- Overview of the IHCP Provider Healthcare Portal
- Submitting *CMS-1500* Professional Claims Via the Portal
- Searching for Claims
- Editing, Copying, and Voiding Claims
- Internal Control Numbers
- Reminder
- Helpful Tools
- Questions



# Overview of the IHCP Provider Healthcare Portal



# Finding the Portal Online

Visit: [in.gov/medicaid/providers](https://in.gov/medicaid/providers)

## What's New?

Find out about recent news items, provider publications, and other website or program updates.

[Read the Latest IHCP Update Email](#)

## IHCP News Items

- 7/26/2019 IHCP corrects information published in July 23 banner page
- 7/12/2019 Indiana EVV Program Information webinar available on IHCP website
- 6/12/2019 FSSA suspends development on the EnCred system
- 6/7/2019 Open forums allow stakeholders to provide input on new comparison tool for certified health IT
- 5/29/2019 IHCP postpones including manually priced procedures in multiple surgery reimbursement revisions

[Click Here To View More News](#)



Bulletins



Banner Pages

## Provider Healthcare Portal

Enroll as an IHCP provider, check member eligibility, submit and adjust claims, view payments, update provider profiles, send secure correspondence, and more.



Portal Log-In



Portal Training



# Provider Healthcare Portal Overview

## Login

\*User ID

**Log In**

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

### Protect Your Privacy!

Always log off and close all of your browser windows

## WHAT CAN YOU DO IN THE PROVIDER HEALTHCARE PORTAL?

Through the Indiana Health Coverage Programs (IHCP) secure and easy-to-use internet portal, healthcare providers can:

- Submit claims
- Check on the status of their claims
- Inquire on a patient's eligibility
- View their Remittance Advices
- Request prior authorization

Managed Care Entities can:

- Enroll, disenroll, and update primary medical providers
- Review their encounter claims
- Inquire on a managed care member's eligibility

In addition, the Portal provides access to a wide variety of IHCP information and resources.



# Provider Healthcare Portal Overview

## Computer and Challenge Question

### Site Key

The HealthCare Portal uses a personalized site key to protect your privacy online. To use a site key, you are asked to respond to your Challenge question the first time you use a personal computer, or every time you use a public computer. When you type the correct answer to the Challenge question, your site key token displays which ensures that you have been correctly identified. Similarly, by displaying your personalized site key token, you can be sure that this is the actual HealthCare Portal and not an unauthorized site.

If this is your personal computer, you can register it now by selecting: **This is a personal computer. Register it now.**

If this is not your personal computer, such as a public computer, select: **This is a public computer. Do not register it.**

## Answer the challenge question to verify your identity.

Challenge Question What is your favorite sports team?

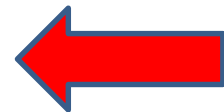
\*Your Answer

[Forgot answer to challenge question?](#)

Select

- ☐ This is a personal computer. Register it now.  
☒ This is a public computer. Do not register it.

[Continue](#)



*Answer the challenge question and register your computer*



# Provider Healthcare Portal Overview

The screenshot shows the 'INDIANA MEDICAID for Providers' login page. At the top left is the FSA logo with the text 'INDIANA FAMILY & SOCIAL SERVICES ADMINISTRATION'. At the top right are links for 'FAQs' and 'Login'. Below the header is a green 'Home' button. A breadcrumb trail reads 'Home > Challenge Question > Site Token Password'. The main content area has a blue box on the left titled 'Confirm Site Key Token and Passphrase' with instructions to confirm the site key token and passphrase. To the right, a heading says 'Make sure your site key token and passphrase are correct.' followed by instructions to type the password and click 'Sign In' if correct, or not type it if incorrect. Below this, the 'Site Key' is shown as a crab image. The 'Passphrase' is 'Cancer'. The 'Password' field is empty. A red arrow points to the 'Sign In' button. A 'Forgot Password?' link is at the bottom.

INDIANA FAMILY & SOCIAL SERVICES ADMINISTRATION

FAQs | Login

Home

Home > Challenge Question > Site Token Password

**Confirm Site Key Token and Passphrase**

Confirm that your site key token and passphrase are correct.  
If you recognize your site key token and passphrase, you can be more comfortable that you are at the valid HealthCare Portal site and therefore is safe to enter your password.

**Make sure your site key token and passphrase are correct.**

If the site key token and passphrase are correct, type your password and click **Sign In**.  
If this is not your site key token or passphrase, do not type your password.  
Call [Electronic Solutions Support](#) to report the incident.

Site Key: 

Passphrase: Cancer

\* Password:

**Sign In** 

[Forgot Password?](#)

- Verify your site key and passphrase
- Enter your password



# Submitting *CMS-1500* Professional Claims Via the Portal





# Claim Submission

The screenshot displays the 'INDIANA MEDICAID for Providers' website. The top navigation bar includes links for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'Resources', and 'Switch Provider'. The 'Claims' menu is open, showing options: 'Search Claims', 'Submit Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof' (highlighted with a red box and a red arrow), and 'Search Payment History'. The left sidebar contains sections for 'User Details' (Welcome, My Profile, Switch Provider), 'Provider' (Name, Provider ID, Provider Maintenance), and 'Provider Services' (Member Focused Viewing, Search Payment History, Link to MAPIR). The main content area features a 'WELCOME HEALTH CARE PROFESSIONAL!' message, a photo of two healthcare professionals, and a paragraph about the website's commitment to making it easier for providers to perform their business. On the right, there are links for 'Contact Us', 'Notify Me', and 'Secure Correspondence'.

# Submitting Professional Claims

Be sure you are logged on to the Portal under the correct Billing Provider ID



## Provider Information

### Requesting Provider Information

Billing Provider ID	<input type="text"/>	ID Type	Provider ID	Name	
Rendering Provider ID	<input type="text"/>	ID Type	<input type="text"/>	Name	_
Rendering Taxonomy	<input type="text"/>				
Referring Provider ID	<input type="text"/>	ID Type	<input type="text"/>	Name	_
Service Facility Location ID	<input type="text"/>	ID Type	<input type="text"/>	Name	_

Use the spyglass to enter rendering NPI

## Provider ID Search

[Back to Claim](#) ?

Search By ID Search By Name Search By Organization

\* Indicates a required field.

\*Provider ID  Provider ID Type

Search

Cancel









**If physician is listed more than once, choose the entry without a taxonomy number**

# Submitting Professional Claims

**Claim Information**

Claim Header Instructions

Hospital From Date 	Hospital To Date 
Date Type 	Date of Current 
Accident Related 	
*Patient Number	Authorization Number
Medical Record Number	Special Program 

\*Does the provider have a signature on file? ☒ Yes ☐ No

\*Does the provider accept assignment for claim processing? ☒ Yes ☐ No ☐ Clinical Lab Services Only

\*Are benefits assigned to the provider by the patient or their authorized representative? ☒ Yes ☐ No ☐ N/A

\*Does the provider have a signed statement from the patient releasing their medical information? ☒ Yes ☐ No

**Include Other Insurance** ☐

Total Charged Amount \$0.00

**Continue** **Cancel**

*To add information from a primary payer, check the Include Other Insurance box before pressing Continue*



# Submitting Professional Claims – Diagnosis Codes

**Diagnosis Codes**

Select the row number to edit the row. Click the **Remove** link to remove the entire row.  
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
1			

1

\*Diagnosis Type
ICD-10-CM

\*Diagnosis Code
DIAB

Add
Reset

**Other Insurance Details**

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter as Adjustment Details section.

Click the **Remove** link to remove the entire row.

#	Carrier Name	Carrier ID	Group ID
+ Click to add a new other insurance.			

Back to Step 1

E0800-DIAB D/T UNDRL COND W HYPROSM W/O NONKET HYPRGLY-  
HYPROS COMA  
E08321-DIAB D/T UNDRL COND W MILD NONPRLF DIAB RTNOP W  
MCLR EDEMA  
E08329-DIAB D/T UNDRL COND W MILD NONPRLF DIAB RTNOP W/O  
MCLR EDEMA  
E08339-DIAB D/T UNDRL COND W MOD NONPRLF DIAB RTNOP W/O  
MCLR EDEMA  
E08349-DIAB D/T UNDRL COND W SEV NONPRLF DIAB RTNOP W/O  
MCLR EDEMA  
E08341-DIAB D/T UNDRL COND W SEVERE NONPRLF DIAB RTNOP W  
MCLR EDEMA  
E0851-DIAB DUE TO UNDRL COND W DIAB PRPH ANGIOPATH W/O  
GANGRENE  
E0843-DIAB DUE TO UNDRL COND W DIABETIC AUTONM  
(POLY)NEUROPATHY

- Enter the first three alpha characters or diagnosis characters
- A suggested list populates
- Click **Add** to populate diagnosis code

# Submitting Professional Claims – Diagnosis Codes

**Diagnosis Codes**

Select the row number to edit the row. Click the **Remove** link to remove the entire row.  
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
<u>1</u>	ICD-10-CM	E08321-DIAB D/T UNDRL COND W MILD NONPRLF DIAB RTNOP W MCLR EDEMA	<a href="#">Remove</a>
<u>2</u>	ICD-10-CM	J810-ACUTE PULMONARY EDEMA	<a href="#">Remove</a>
<u>3</u>	ICD-10-CM	G936-CEREBRAL EDEMA	<a href="#">Remove</a>
<u>4</u>			

4


**\*Diagnosis Type** ICD-10-CM ▼

**\*Diagnosis Code**

Add

Reset

Back to Step 1

 Continue

Cancel

- Remember to click **Add** after each additional diagnosis code to populate

# Submitting Professional Claims – Service Details

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	1/1/2020	1/1/2020	Office	99203	\$0.00	1	Remove

Click to collapse.

\*From Date

To Date

\*Place of Service

\*Procedure Code

\*Diagnosis Pointers

Modifiers

Charge Amount

\$0.00

\*Units

1

\*Unit Type

Unit

EPSDT

Family Plan

EMG

Rendering Provider ID

ID Type

Rendering Taxonomy

Line Item Control#

NDC for Service Detail

Note for Service Detail

Add

Cancel

**Red asterisk (\*)** indicates a required field. The Charge Amount field does not have an asterisk, but it is required.

Modifiers are required, if applicable.

# Submitting Professional Claims – Service Details

**Service Details**

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
Click to collapse.							
	*From Date	To Date	*Place of Service	*Procedure Code		*Diagnosis Pointers	
			12-Home	E0830		1	
				E0830-AMBULATORY TRACTION DEVICE			
	Charge Amount	\$100.00	*Units	2.00	*Unit Type	Unit	EPSDT
							Family Plan
							EMG
	Rendering Provider ID	ID Type	Rendering Taxonomy				
	Line Item Control#						
	NDC for Service Detail						
	Note for Service Detail						
	<div style="border: 1px solid red; padding: 2px;">Add</div> <div>Cancel</div>						

- Group providers may enter rendering provider's ID at the service detail level if not entered at the header level
- Taxonomy codes are not required for rendering providers



# Submitting Professional Claims – NDC for Service Detail

## NDC for Service Detail

If applicable, only one NDC is allowed per service detail line. When adding an NDC, the Code Type, Quantity and Unit of Measure fields are required. Additionally, NDC information is required when adding or saving NDC with prescription information (Prescription Number, Prescription Type).

Code Type

NDC ⓘ

Quantity

Unit of Measure

Prescription Number

Prescription Type

Prescription Date ⓘ

*Refer to Procedure Codes That Require NDC code set table:  
[Launch Provider Code Tables](#)*



# Submitting Professional Claims – Add Claim Attachment

## Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
Click to collapse.					

\*Transmission Method

FT-File Transfer ▼

\*Upload File

Choose File No file chosen

\*Attachment Type

BS-Baseline

BT-Blanket Test Results

CB-Chiropractic Justification

CK-Consent Form(s)

CT-Certification

D2-Drug Profile Document

DA-Dental Models

DB-Durable Medical Equipment Prescription

DG-Diagnostic Report

DJ-Discharge Monitoring Report

DS-Discharge summary

EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer)

HC-Health Certificate

HR-Health Clinic Records

I5-Immunization Record

IR-State School Immunization Records

LA-Laboratory Results

M1-Medical Record Attachment

MT-Models

Add

Cancel

## Claim Note Information

Click the **Remove** link to remove the e

#	Note Reference	Action
Click to add a new claim note		

Back to Step 1

Back

Submit

Cancel

[Go to Top](#)

- 5 MB total allowed
- Document types allowed: PDF, BMP, GIF, JPG/JPEG, PNG, and TIFF/TIF
- The following are not allowed: Word and Excel

# Submitting Professional Claims – Claim Note Information

**Claim Note Information**

Click the **Remove** link to remove the entire row.

#	Note Reference Code	Note Text	Action
<input type="checkbox"/> Click to collapse.			
	<div>Note Reference Code</div> <div>Note Text</div>	<div></div>	
	<div><div>Add</div><div>Additional Information</div><div>Certification Narrative</div><div>Goals, Rehabilitation Potential, or Discharge Plans</div><div>Diagnosis Description</div><div>Third Party Organization Notes</div></div>		

# Submitting Professional Claims – Submit

Diagnosis Codes							
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.							
#	Diagnosis Type	Diagnosis Code					
1	ICD-10-CM	E08341-DIAB D/T UNDRL COND W SEVERE NONPRLF DIAB RTNOP W MCLR EDEMA					
Service Details							
Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.							
#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	07/17/2018	07/17/2018	12-Home	E0830-AMBULATORY TRACTION DEVICE	\$100.00	2.00 Unit	<a href="#">Remove</a>
<input type="button" value="+"/> Click to add service detail.							
Attachments							
Click the <b>Remove</b> link to remove the entire row.							
#	Transmission Method	File	Control #	Attachment Type	Action		
<input type="button" value="+"/> Click to add attachment.							
Claim Note Information							
Click the <b>Remove</b> link to remove the entire row.							
#	Note Reference Code	Note Text					Action
<input type="button" value="+"/> Click to add a new claim note							
<div> <input type="button" value="Back to Step 1"/> <input type="button" value="Back to Step 2"/> <input type="button" value="Submit"/> <input type="button" value="Cancel"/> </div>							



# Submitting Professional Claims – Review Before Confirming

Claim Information						
Hospital From Date ...		Hospital To Date ...				
Date Type ...		Date of Current ...				
Accident Related ...						
Patient Number 001		Authorization Number ...				
Medical Record Number ...		Special Program ...				
		Total Charged Amount \$100.00				
Does the provider have a signature on file? Yes						
Does the provider accept assignment for claim processing? Yes						
Are benefits assigned to the provider by the patient or their authorized representative? Yes						
Does the provider have a signed statement from the patient releasing their medical information? Yes						
<a href="#">Expand All</a>   <a href="#">Collapse All</a>						
Diagnosis Codes						
Service Details						
#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units
1	07/17/2018	07/17/2018	12-Home	E0830-AMBULATORY TRACTION DEVICE	\$100.00	2.00 Unit
No Other Insurance Details exist for this claim						
No Attachments exist for this claim						
No Claim Notes exist for this claim						
<a href="#">Back to Step 1</a> <a href="#">Back to Step 2</a> <a href="#">Back to Step 3</a> <a href="#">Print Preview</a>				<a href="#">Confirm</a> <a href="#">Cancel</a>		

**Do not use browser back button**



# Submitting Professional Claims – Confirmation

The screenshot displays the 'INDIANA MEDICAID for Providers' website. The navigation bar includes links for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'Resources', and 'Switch Provider'. The 'Claims' link is active, leading to the 'Claim Receipt' page. A dropdown menu for 'Role IDs' is visible. The main content area is titled 'Submit Professional Claim: Confirmation' and contains a 'Professional Claim Receipt' section. This section states: 'Your Professional Claim was successfully submitted. The claim status is Finalized.' Below this, it shows 'The Claim ID:' followed by a redacted ID 'XXXXXXXXXXXXXX'. To the right of the redacted ID, the text 'Payment Status' is highlighted with a red box. Further down, instructions are provided: 'Click Print Preview to view the claim details as they have been saved on the payer's system.', 'Click Copy to copy member or claim data.', and 'Click New to submit a new claim.' At the bottom of the receipt section, there are three buttons: 'Print Preview', 'Copy', and 'New'.

INDIANA MEDICAID for Providers

Contact Us | FAQs | Logout

My Home | Eligibility | Claims | Care Management | Resources | Switch Provider

Claims > Claim Receipt

Delegate for Role IDs

**Submit Professional Claim: Confirmation**

**Professional Claim Receipt**

Your Professional Claim was successfully submitted. The claim status is Finalized.

The Claim ID: XXXXXXXXXXXXXXXX

Payment Status

Click **Print Preview** to view the claim details as they have been saved on the payer's system.

Click **Copy** to copy member or claim data.

Click **New** to submit a new claim.

**Print Preview** **Copy** **New**

# Searching for Claims



# Searching for Claims



The screenshot displays the 'INDIANA MEDICAID for Providers' website. The top navigation bar includes links for 'Contact Us', 'FAQs', and 'Logout'. Below this, a secondary navigation bar features tabs for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'Resources', and 'Switch Provider'. The 'Claims' tab is active, and its dropdown menu is open, with 'Search Claims' highlighted by a red rectangle. Other options in the dropdown include 'Submit Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof', and 'Search Payment History'. On the left sidebar, there are sections for 'User Details' (with links to 'My Profile' and 'Switch Provider'), 'Provider' (with fields for 'Name' and 'Provider ID'), and 'Provider Services' (with links to 'Member Focused Viewing', 'Search Payment History', and 'Link to MAPIR'). The main content area features a 'WELCOME HEALTH CARE PROFESSIONAL!' message, a 'Contact Us' button, a 'Notify Me' button, and a 'Secure Correspondence' button. A large image of two healthcare professionals is also present. At the bottom, a paragraph states: 'We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.'

# How to Search Claims

**Search Claims** ?

Medical/Dental/Institutional

Either the Paid Date or Service From and To date are required fields when the Claim ID is not entered.

**Claim Information**

Claim ID

**Member Information**

Member ID  Birth Date

Last Name  First Name

**Service Information**

Claim Type

Service From  To  Claim Status

Paid Date

**Search** **Reset**

*Search by Claim ID, Member ID, paid date, or service date*





# Search Claims – Results

**Search Claims** ?

Medical/Dental/Institutional

Either the Paid Date or Service From and To date are required fields when the Claim ID is not entered.

**Claim Information**

Claim ID

**Member Information**

Member ID  Birth Date

Last Name  First Name

**Service Information**

Claim Type

Service From  To  Claim Status

Paid Date

**Search** **Reset**

**Search Results**

To see service line information or to view a remittance advice, click on the '+' next to the claims ID.


Total Records: 1

+/-	Claim ID	Claim Type	Claim Status	Service Date ▼	Member ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Member Responsibility
		Professional	Finalized Denied	07/02/2018			\$0.00	07/18/2018	

- Clicking +/- or Claim ID link will give you results of the claim



# Search Claims – Results

Claim Information							
Claim Status	Finalized Denied			Claim Status Date			
Hospital From Date	_			Hospital To Date	_		
Date Type	_			Date of Current	_		
Accident Related	_						
Patient Number				Authorization Number	_		
Medical Record Number				Special Program	_		
				Total Charged Amount	\$7,866.00		
Does the provider have a signature on file? Yes							
Does the provider accept assignment for claim processing? Yes							
Are benefits assigned to the provider by the patient or their authorized representative? Yes							
Does the provider have a signed statement from the patient releasing their medical information? Yes							
<a href="#">Expand All</a>   <a href="#">Collapse All</a>							
Diagnosis Codes							
Service Details							
#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Copay Amount	Units
1			41-Ambulance - Land	A0433-ALS 2	\$4,522.00		1.00 Unit
2			41-Ambulance - Land	A0425-GROUND MILEAGE	\$3,344.00		88.00 Unit



# **Editing, Copying, and Voiding Claims – Correcting or Resubmitting Claims**



# Correcting and Resubmitting Claims

Service Details							
#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Copay Amount	Units
<u>1</u>	07/18/2019	07/18/2019	41-Ambulance - Land	A0425-GROUND MILEAGE	\$306.00		9.00 Uni
<u>2</u>	07/18/2019	07/18/2019	41-Ambulance - Land	A0426-ALS 1	\$2,486.00		1.00 Uni

Claim EOB Information
Claim Adjustment Reason Code Information
No Other Insurance Details exist for this claim
No Attachments exist for this claim
No Claim Notes exist for this claim
No Adjudication Errors exist for this claim

Edit

Copy

Void

Print Preview

- Paid status claim should be **Edit** or **Void**
- Do not copy

*Voiding will set up an account receivable (A/R) and offset on a future remit*

# Correcting and Resubmitting Claims

Service Details							
#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Copay Amount	Units
1	07/02/2018	07/02/2018			\$4,522.00		1.00 Unit
2	07/02/2018	07/02/2018			\$3,344.00		88.00 Unit

Claim EOB Information			
Claim / Service #	Disposition	EOB Code	Description
Svc # 1	Deny	1010	RENDERING PROVIDER IS NOT AN ELIGIBLE MEMBER OF BILLING GROUP OR THE GROUP PROVIDER NUMBER IS REPORTED AS THE RENDERING PROVIDER. PLEASE VERIFY PROVIDER NUMBER AND RESUBMIT.
Svc # 2	Deny	1010	RENDERING PROVIDER IS NOT AN ELIGIBLE MEMBER OF BILLING GROUP OR THE GROUP PROVIDER NUMBER IS REPORTED AS THE RENDERING PROVIDER. PLEASE VERIFY PROVIDER NUMBER AND RESUBMIT.

Claim Adjustment Reason Code Information

Adjudication Errors

No Other Insurance Details exist for this claim

No Attachments exist for this claim

No Claim Notes exist for this claim


Copy
Print Preview

*Denied claims always display Copy button*



# Correcting and Resubmitting Claims

**Copy Professional Claim** ?

Select the information you would like to have copied to the new claim. Press Copy to initiate the claim and continue entering claim information.

<input type="radio"/> <b>Member Information</b>	<input type="radio"/> <b>Service Information</b>	<input type="radio"/> <b>Member and Service Information</b>	<input checked="" type="radio"/> <b>Entire Claim</b>
Member ID	Service Facility Location	Copies data listed in previous 2 columns.	Copies data listed in columns 1 and 2 PLUS:
Last Name	Diagnosis Code(s)		Referring Provider
First Name	Place(s) of Service		Accident Related
Birth Date	Procedure Code(s)		Accident State
Patient Number	Modifier(s)		Accident Country
	Diagnosis Pointer(s)		Pregnancy Indicator
	Detail Charge Amount(s)		Authorization Number
	Units		Medical Record Number
	Unit Type(s)		Special Program
	Rendering Provider(s)		Emergency Indicator(s)
	NDC Code Type(s)		EPSDT Indicator(s)
	NDC Code(s)		Family Plan Indicator(s)
	NDC Unit Price(s)		Line Item Control #(s)
	NDC Quantity(s)		NDC Prescription #(s)
	NDC Unit of Measure(s)		NDC Prescription Type(s)
			Claim Note(s)
			All Dates
			All Other Insurance

**Copy** **Cancel**

- Choose the appropriate information on this screen to make the corrections and resubmit the claim for processing

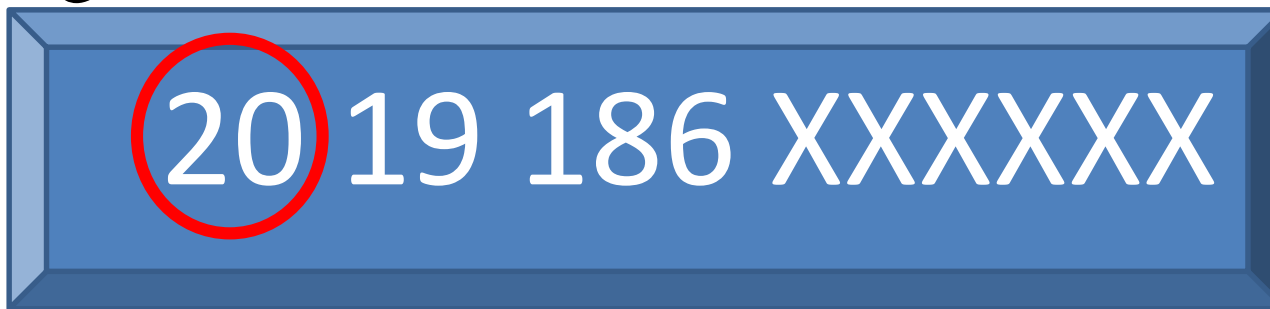


# Internal Control Numbers (ICNs)



# Internal Control Numbers (ICNs)

## Region Codes



10-Paper claim- no attachment

11-Paper claim - with attachment

20-Electronic claim via batch billing- no attachment

21-Electronic claim via batch billing- with attachment

22-Portal submitted claim – no attachment

23-Portal Submitted claim-with attachment

91-Special batched claims with attachment

*This claim was submitted electronically via batch billing without an attachment*



# Internal Control Numbers (ICNs)

20 19 186 XXXXXX

This claim was submitted in 2019

20 19 186 XXXXXX

*This claim was submitted the 186<sup>th</sup> day of the year or on July 5*



# Internal Control Numbers (ICNs)

20 19 186 XXXXXX

Internal Batch Numbers

# Reminders

# Claim Filing Limit

The IHCP has mandated a 180-day filing limit for fee-for-service (FFS) claims, effective January 1, 2019. Refer to [BT201829](#), published on June 19, 2018, for additional details

- The 180-day filing limit is effective based on date of service:
  - Any services rendered on or after January 1, 2019, are subject to the 180-day filing limit
  - Dates of service before January 1, 2019, are subject to the 365-day filing limit
  - See the *Provider Enrollment* module for timely filing exceptions



This does not mean 6 months

**Count the days!**



# Timely Filing

- Denied claims – 180 days from date of service
- Underpaid or partially paid claim – 60 days from remit date to adjust for additional payment
- Overpaid claims no timely filing limit to adjust to refund
- Administrative review claims – 60 days from remit date
  - Via Written Correspondence
- Timely filing waived – Error/action by DXC, State, or County OR reasonable attempts to correct/resolve the claim issue
  - Documentation required
- Crossover claims – No timely filing limit
  - Medicare denied claims are not crossovers



# Helpful Tools

# Helpful Tools

## Provider Relations Consultants



REGION	FIELD CONSULTANT	EMAIL	TELEPHONE	COUNTIES SERVED
Illinois Michigan	1 Jean Downs	INXIXRegion1@dxc.com	(317) 488-5071	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley Chicago, Watseka Sturgis
	2 Shari Galbreath	INXIXRegion2@dxc.com	(317) 488-5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware Fountainm Grant, Howard, Hutington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White Danville
Illinois	3 Crystal Woodson	INXIXRegion3@dxc.com	(317) 488-5324	Boonem Hamilton, Hendricks, Johnson, Marion, Morgan
Kentucky	4 Ken Guth	INXIXRegion4@dxc.com	(317) 488-5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderbirgh, Vermillion, Vigo, Warrick Owensboro
	5 Virginia Hudson	INXIXRegion5@dxc.com	(317) 488-5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Hancock, Henry, Jackson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne Louisville Cincinnati, Harrison, Hamilton, Oxford
Kentucky Ohio	Judy Green		(317) 488-5026	All other out of state areas not previously listed
Team Lead	Jenny Atkins		(317) 488-5032	

# Helpful Tools

## **IHCP website at [in.gov/medicaid/providers](https://in.gov/medicaid/providers):**

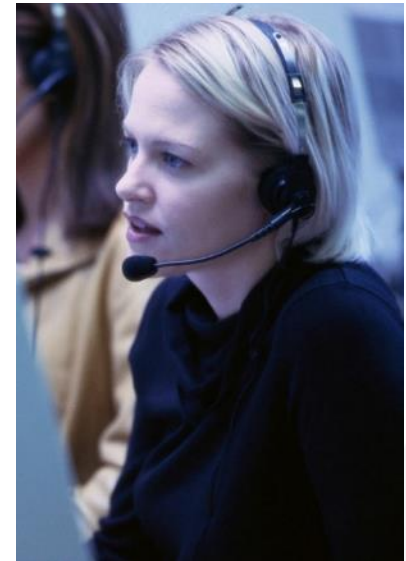
- *IHCP Provider Reference Modules*
- *Medical Policy Manual*
- Contact Us – Provider Relations Field Consultants

## **Customer Assistance available:**

- Monday – Friday, 8 a.m. – 6 p.m. Eastern Time
- 1-800-457-4584

## **Secure Correspondence:**

- Via the Provider Healthcare Portal  
(After logging in to the Portal, click the **Secure Correspondence** link to submit a request)





# Questions?

Please review your schedule for the next session  
you are registered to attend.



# Session Survey

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



<https://tinyurl.com/fssa1042>

